

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Kulsum Bibi Date of Birth/ Age 65 Yr Sex: Male / Female

Client Code SP/AS/056 Date & Time of Sample collection 12/6/23

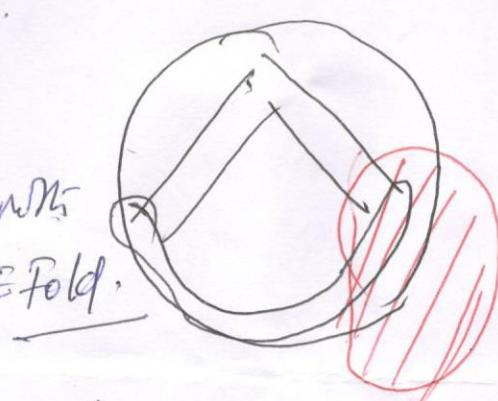
Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636747

Site of Specimen: No dysphagia

Relevant Clinical History: oedema tongue
Polyphagia, Grm
at Right AE fold

Additional Clinical and Relevant Data:

(Previous Biopsy / FNAC / X-ray etc.):



Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

Carcinoma Hypopharynx

Histopath Slides / Block for review

No. of slides _____

2428 + 382

Fixation

Adequate
 Inadequate

No. of Blocks _____

INSTRUCTION FOR FILLING UP FORM:

1. Please tick appropriate boxes only
2. Please furnish complete clinical detail along with Request form.
3. Samples details not covered above should be entered in miscellaneous box.
4. Do not omit telephone number of Patient / Referring Doctor.
5. Guidelines for Creating Formalin - All the samples should be in 10% formalin (can be made by mixing 1 part formalin(40% formaldehyde solution) with 9 part distilled water.
6. Volume of fixative should be atleast 10 times the volume of tissue.